

CERTIFICATE OF EXPRESS OR
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APR 23 2003

Attala

Express Mail

Label

EV257247585

Address:

Box CPA

Washington, DC 20231

Signature:

Karl F.

Ross, P.

TRADEMA

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (i))	6 -20* =		x \$ _____ =	\$ 750.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	1 -3** =		x \$ _____ =	
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	
				BASIC FEE (37 CFR 1.16)	750.00
			Total of above Calculations =		750.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).				375.00
	* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.			TOTAL =	375.00

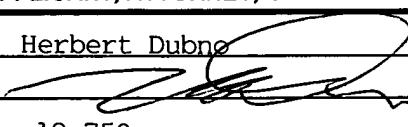
6. Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 18 - 2025:
- a. Fees required under 37 CFR 1.16.
 - b. Fees required under 37 CFR 1.17.
 - c. Fees required under 37 CFR 1.18.
8. A check in the amount of \$ _____ is enclosed.
9. Payment by credit card. Form PTO-2038 is attached.
10. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. New Attorney Docket Number, if desired
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
b. Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. Other: ...Reconsider amendment filed 27 Dec 2002.....

NOTE: *The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.*

14. NEW CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or New correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone		Fax

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIREDName (Print /Type) Herbert DubnoSignature Registration No. (Attorney/Agent) 19,752Date 23 April 2003